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MINNEAPOLIS	S, MN 55415-1002	PAR	" <u>#</u> / [	David R	. Fairbairn	(Depositor's name)
		TRADEMAR!				(Signature)
		<del></del>				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	PR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/666,080 09/18/2003 TITLE OF INVENTION: SELF CENTERING CLOSURE DEVICE FO		I OSURE DEVICE FOR	Michael P. Corcoran		C516.12-0006	8975
	ODDI ODIVIDIGINO C	LOSOICE DEVICE FOR	SEI THE OCCEOSION	01/23/2007 B	ABRAHA2 00000136 10666	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE		E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES .	\$700	\$300 .	\$0 ·	\$1000	03/27/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MENDOZA, MICHAEL G		3734	606-213000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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lease check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual X Co	rporation or other private gro	oup entity Government
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nterest as shown by the r	ecords of the United Stat	tes Patent and Trademark	Office.			
Authorized Signature	10012	feel	Date 1/22/07			
Typed or printed name David R. Fairbairn			Registration No. 26,047			
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